

## CONFIDENTIAL SEXUALLY TRANSMITTED DISEASE CASE REPORT

*Report STDs within three work days. (WAC 246-101-101/301)*

PATIENT INFORMATION					
LAST NAME		FIRST NAME		MIDDLE INITIAL	
ADDRESS		TELEPHONE ( ) ( ) ( )	REASON FOR EXAM (Check one) <input type="checkbox"/> Symptomatic <input type="checkbox"/> Routine Exam – No Symptoms <input type="checkbox"/> Exposed to Infection		
CITY/TOWN		STATE	ZIP CODE		
DATE OF DIAGNOSIS MO   DAY   YR		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH MO   DAY   YR		
ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	RACE – Check all that apply <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			GENDER OF SEX PARTNERS <input type="checkbox"/> Male <input type="checkbox"/> Both <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DIAGNOSIS – DISEASE					
<b>DIAGNOSIS - ✓ only one</b> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic-Uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Disseminated <input type="checkbox"/> Other Complications: _____ DATE TESTED: _____		<b>GONORRHEA (lab confirmed)</b> <b>SITE(S) - ✓ all that apply</b> <input type="checkbox"/> Cervix <input type="checkbox"/> Urethra <input type="checkbox"/> Urine <input type="checkbox"/> Rectum <input type="checkbox"/> Pharynx <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____		<b>TREATMENT - ✓ all prescribed</b> <input type="checkbox"/> Cefpodoxime <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Doxycycline <input type="checkbox"/> Azithromycin <input type="checkbox"/> Levofloxacin* <input type="checkbox"/> Ciprofloxacin* <input type="checkbox"/> Cefixime <input type="checkbox"/> Other Other: _____ DATE RX: _____	
				<b>SYPHILIS</b> <input type="checkbox"/> Primary (Chancere, etc.) <input type="checkbox"/> Secondary (Rash, etc.) <input type="checkbox"/> Early Latent (<1 yr) <input type="checkbox"/> Late Latent (>1 yr) <input type="checkbox"/> Congenital <input type="checkbox"/> Neurosyphilis <input type="checkbox"/> Late RX GIVEN: _____ DATE RX: _____	
<b>DIAGNOSIS - ✓ only one</b> <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic-Uncomplicated <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Other Complications: _____ DATE TESTED: _____		<b>CHLAMYDIA TRACHOMATIS (lab confirmed)</b> <b>SITE(S) - ✓ all that apply</b> <input type="checkbox"/> Cervix <input type="checkbox"/> Rectum <input type="checkbox"/> Urethra <input type="checkbox"/> Pharynx <input type="checkbox"/> Urine <input type="checkbox"/> Ocular <input type="checkbox"/> Other: _____		<b>TREATMENT - ✓ all prescribed</b> <input type="checkbox"/> Azithromycin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Doxycycline <input type="checkbox"/> Ofloxacin <input type="checkbox"/> Levofloxacin <input type="checkbox"/> Other: _____ DATE RX: _____	
				<b>HERPES SIMPLEX</b> <input type="checkbox"/> Genital (initial infection only) <input type="checkbox"/> Neonatal Laboratory Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No <b>OTHER</b> <input type="checkbox"/> Chancroid <input type="checkbox"/> Granuloma Inguinale <input type="checkbox"/> Lymphogranuloma Venereum	
PARTNER MANAGEMENT PLAN ✓ Select method of ensuring partner treatment					
1. <input type="checkbox"/> <b>Health Department to assume responsibility for partner treatment.</b> <i>Health Department assistance recommended if:</i> <ul style="list-style-type: none"> <li>• Patient has had 2 or more sex partners in the last 60 days, or</li> <li>• Patient does not think he/she will have sex again with sex partners from the last 60 days, or</li> <li>• Patient is unable or unwilling to contact one or more partner, or</li> <li>• Patient is a man who has sex with other men.</li> </ul> <i>Note: You may also choose this option if you are providing partner treatment for one or more partners (free meds available) and would like Health Department assistance for additional partners. If providing partner treatment, indicate number of partners treated (_____).</i>					
2. <input type="checkbox"/> <b>Provider will ensure <u>all</u> partners treated (FREE medications available).</b> Indicate number to be treated (_____).					
3. <input type="checkbox"/> <b>All partners have been treated.</b> Indicate number treated (_____).					
REPORTING CLINIC INFORMATION					
DATE		DIAGNOSING CLINICIAN			
FACILITY NAME		PERSON COMPLETING FORM			
ADDRESS		TELEPHONE			
CITY		STATE		FAX #	



**Thank you for reporting an STD. All information will be managed with the strictest confidentiality.**

## PARTNER MANAGEMENT PLAN INSTRUCTIONS

### Gonorrhea or Chlamydial Infection: Partner Treatment

All partners should be treated as if they are infected.

If the provider takes responsibility to ensure partner treatment, the provider should examine and treat all patient's sex partners from the previous 60 days.

If this is **not** possible, patients should be offered medication to give to as many of their sex partners as they are able to contact and/or should be referred to Tacoma-Pierce County Health Department for partner notification assistance.

**Free medication is available for your patient's partner(s).**

To obtain **FREE medication** for your patient's partner(s), call or fax a prescription to one of the pharmacies participating in your area.

For a **prescription FAX form** and list of participating pharmacies, call **Tacoma-Pierce County Health Department: 253 798-3818**.

**Note: Only participating pharmacies have** stocks of **FREE Public Health medication** to dispense to patients for their partner(s).

Tacoma-Pierce County Health Department may also provide free medication to your patient to give to his or her partner(s).

The Tacoma-Pierce County Health Department recommends that you refer patients with any one or more of the following risks to the health department for help notifying their partners:

- Patient with 2 or more sex partners in the last 60 days , or
- Patient does not think he/she will have sex again with sex partners from the last 60 days, or
- Patient is unable/unwilling to contact one or more partner(s), or
- Patient is a man who has sex with other men

Although the Health Department requests that you refer patients with these risks to us, we also ask that you make every effort to help patients with these risks assure that their partners are treated, either by seeing the partners yourself or by offering patients free medication to give to their partners.

**Complete the partner management plan** on the Confidential Sexually Transmitted Disease Case Report FAX form to define a partner management plan.

For copies of this case report or questions on how to fill it out, call the Tacoma-Pierce Health Department: **253 798-3818**.

### Other STDs: Partner Treatment

All patients with infectious syphilis, chancroid, LGV or granuloma inguinale are routinely contacted by Tacoma-Pierce County Health Department. Patients diagnosed with genital herpes should be advised to notify their sex partners and should be informed that their partners should contact their provider for testing.

## RECOMMENDED REGIMENS FOR ANTIMICROBIALS LISTED ON CASE REPORTS\*

#### Gonorrhea (uncomplicated):

Ceftriaxone .....	125-250 mg IM, single dose,	<b>OR</b>
Cefpodoxime .....	400 mg PO, single dose,	<b>OR</b>
Cefixime .....	400 mg PO, single dose,	<b>OR</b>

#### Alternatives:

Azithromycin.....2g PO as a single dose (additional chlamydia therapy not needed)  
Health care providers should no longer use fluoroquinolones (Levofloxacin or Ciprofloxacin) as first line therapy due to increased prevalence of quinolone-resistant *Neisseria gonorrhoeae* (QRNG).

**Plus**, if Chlamydia infection is NOT ruled out

Azithromycin.....	1g PO as a single dose,	<b>OR</b>
Doxycycline .....	100 mg PO BID for 7 days	

#### Chlamydia Trachomatis (uncomplicated):

Azithromycin.....	1g PO single dose,	<b>OR</b>
Doxycycline .....	100 mg PO BID for 7 days,	<b>OR</b>
Erythromycin .....	(base 500 mg PO QID for 7 days,	<b>OR</b>
	(ethylsuccinate) 800 mg PO QID for 7 days,	<b>OR</b>
Levofloxacin .....	500 mg PO, for 7 days,	<b>OR</b>
Ofloxacin .....	300 mg PO, BID for 7 days	

#### Syphilis (primary, secondary or early latent < 1 year)

Benzathine penicillin G .....2.4 million units IM in a single dose

#### Syphilis (latent > 1 year, latent of unknown duration, tertiary [not neurosyphilis])

Benzathine penicillin G.....2.4 million units IM for 3 doses at 1 week intervals

\*Refer to "STD Diagnostic and Treatment Guidelines" or CDC website: [www.cdc.gov/std/treatment](http://www.cdc.gov/std/treatment) for further information on treating pregnant patients, infections of the pharynx, treatment of infants and other details.